

DO WE HAVE YOUR CORRECT ADDRESS?

Dear Voter:

Information from the Post Office suggests you may have moved, but we can not change your voter registration address without your signature. Please help us update your registration record by completing the form below.

The first address shown on the form is the address at which you are currently registered to vote. If a second address is shown, that is the address the Post office has for you. If neither of these addresses is correct, please provide your correct home address in the space labeled "other." We must have a street address or rural route address for voting purposes. We cannot accept a PO Box.

When we receive your completed card, we will update your record. If your address has changed but is still in Virginia, your local registrar will update your registration and send you a new voter card. If you have moved out of the state, your Virginia voter registration will be canceled.

To ensure you are eligible to vote in future elections in Virginia, we must be notified of your correct address. Otherwise, your eligibility to vote will be questioned and you will be required to affirm your address in writing the next time you vote. If you do not vote within two federal elections, you will be removed from the voter registration list.

Thank you for helping us keep your voter registration accurate and up to date. Please call **8048648901** if you have any questions.

↓ Please detach and return in envelope provided - no postage necessary ↓

0423634

SARAH ANN VAN DALEY

██████████/1988 FEMALE

NEW NAME (if changed):

CHECK WHICH ADDRESS IS YOUR CORRECT HOME (RESIDENCE) ADDRESS:

(Military please check your address of record; full time students please check your permanent address)

☐ Where you are registered to vote:

☐ Given by Post Office:

☐ Other (can NOT be PO Box):

Winchester, VA 226014425

Winchester, VA 226014425

Street _____

City, State, Zip _____

You may request that your home address not be released if you or a member of your household (a) are **active or retired law enforcement**, or (b) have been granted a **protective court order**, (c) are in fear of your personal safety from someone who has **threatened or stalked** you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint), or (d) participate in the **Address Confidentiality Program**. You must show a Virginia P.O. box under mailing address in Box 3 above.

(Check One) ☐ Law Enforcement Officer ☐ Protective Order ☐ Threatened/Stalked ☐ Address Confidentiality Program

X

SIGNATURE (can not accept POA/second party signatures)

DATE

COUNTY/CITY RESIDENCE:

DAYTIME PHONE:

VA-NRVA 2 (Rev. 06-05)

EXHIBIT

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LB